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MENTAL HEALTH AND LEARNING DISABILITIES**

History

- ▣ From hospital to community
- ▣ Health policy
- ▣ Care Programme Approach (chronic conditions)
- ▣ Specialist teams
- ▣ From treatment to recovery (chronic conditions)
- ▣ Legislative framework

THE FUNDAMENTALS

Concept

Commitment

Competency

The Fundamentals

authority

accountability responsibility

resource

information ownership

The Fundamentals

- ▣ Leadership
- ▣ Culture and attitude
- ▣ Simple messages
- ▣ Overlap between Board agenda and clinical delivery agenda
- ▣ Team managers

CONCEPT

A clear articulation of the direction of travel which must be owned and driven by clinicians

- values based
- the process is as important as the final document
- separation of strategic and operational

COMPETENCY

- ❑ Training plan should emerge directly from strategy development
- ❑ Beware cutting training in difficult financial environment
- ❑ Leadership and management competencies are as important as clinical competencies in complex organisations.
- ❑ Ongoing development e.g. CPA

COMMITMENT

- Clinicians are perceived to be 'resistant to change' (defensive mindset/hidden agendas)
- Fear of overwhelming workload
- Focus on SMI
- Most experienced clinicians see the most complex patients
- Specialist teams target specific patient groups

Workload

Information is essential

- ▣ 0.6% local adult population regular or long term service users
- ▣ sector of 35k = 210 people (small primary school)
- ▣ majority > 5 years (measure)
- ▣ 20/80 rule (unpredictable use)
scheduled vs unscheduled responses
- ▣ focus on individuals rather than statistics
- ▣ caseload management

Focus on SMI

'law of unintended consequences'

Focus on SMI

Entry threshold (inclusion criteria)

Perceived access problems

Late intervention service

Patients have to get more ill – poorer clinical and social outcomes – more expensive interventions – unmotivated clinicians

Most experienced clinicians at the back of the service

- ▣ First contact
 - Diagnosis/ diagnostic formulation
 - Patient/ carer engagement
 - Resources deployed
 - Long term outcome determined

But

- senior clinicians often not part of this process
- experienced clinicians dealing with complex patients
- impact of mental health measure

Specialist teams targeting patient groups

- ▣ Proliferation of specialist teams
- ▣ All have inclusion/exclusion criteria (fidelity to model)
- ▣ Leads to patients bouncing between teams
- ▣ Leads to repeated assessments
- ▣ Service led rather than needs led
- ▣ Interfaces are always higher risk in patient pathways
- ▣ Staff conflicts

Summary

- ▣ Leadership
 - Organisational
 - Clinical
 - Interrogate assumptions (constructively)

- ▣ Attention to culture and attitude
 - Experience of health and social care integration

- ▣ Whole system approach
 - Impact of new services
 - Intended and unintended consequences
 - Key relationships

- ▣ Information
 - Regular
 - Relevant